

Attention All Providers: Per [MSA-15-49](#) Cost-Sharing Limits, the eligibility response within CHAMPS includes the following cost-sharing information:

- Cost-Share Met (Y or N);
- Cap Amount Remaining; and
- Copayment (for various services).

Below are examples of CHAMPS screenshots:

Example #1

A beneficiary visits a physician office for an appointment. The provider checks eligibility in CHAMPS and sees the following information:

Cost-Share Met: N

Cap Amount Remaining (\$): 75

Copayment Information

Professional (Physician) Visit - Office: \$2

The provider may charge the beneficiary a copay for the visit, consistent with existing Medicaid policy.

Eligibility Response

Member ID: _____ Name: _____

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Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 12/15/2015 - 12/15/2015

GENDER: FEMALE

DATE OF BIRTH: 01/29/1970

CASE NUMBER: _____ **EXT:** _____

CASE EMAIL: _____

COUNTY OF RESIDENCE: 50-MACOMBD

MAGI CATEGORY: C - Parents/Caretakers

MA PROGRAM CODE: N

CITIZENSHIP: U.S. Citizen

REDETERMINATION DATE: _____

COMMERCIAL / OTHER: Y

CSHCS RESTRICTIONS: N

MHP PCP: N

BMP PROVIDER RESTRICTION: N

PE INDICATOR: N

COST SHARE MET: N

CAP AMOUNT REMAINING: 75.20

WORKER LOAD NUMBER: 204878

MDHHS PHONE: (856) 427-0600

MDHHS COUNTY: 50-20-WARREN DISTRICT

[Print Member Summary](#)
Non Covered Service Types

BENEFIT PLANS

Benefit Plan Id	Benefit Plan Type	CHAMP'S Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
NEMT	MANAGED CARE	2384983	Click To View Service Types	10/06/2015	10/06/2015	12/15/2015	12/15/2015
PHIP	MANAGED CARE	3396315	Click To View Service Types	10/06/2015	10/06/2015	12/15/2015	12/15/2015
MA	FEE FOR SERVICE		Click To View Service Types	10/06/2015	10/06/2015	12/15/2015	12/15/2015

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LEVEL OF CARE AUTHORIZATIONS

LOC	Source Provider Id	NPI	CHAMP'S Provider Id	Patient Pay	Created Date	Transaction Date	Start Date	End Date
No Records Found!								

Service Type Code \$2 Co-pay Office Visit

Benefit Plan Id	Service Type Code	Service Type Description	Co-Payment	Co-Insurance	Deductible	Start Date	End Date
MA	A0	Professional (Physician) Visit - Outpatient	0			12/15/2015	12/15/2015
MA	99	Professional (Physician) Visit - Inpatient	0			12/15/2015	12/15/2015
MA	98	Professional (Physician) Visit - Office	2			12/15/2015	12/15/2015
MA	94	Podiatry - Office Visits	2			12/15/2015	12/15/2015
MA	93	Podiatry	0			12/15/2015	12/15/2015
MA	92	Generic Prescription Drug	1			12/15/2015	12/15/2015
MA	91	Brand Name Prescription Drug	3			12/15/2015	12/15/2015
MA	88	Pharmacy	0			12/15/2015	12/15/2015
MA	86	Emergency Services	0			12/15/2015	12/15/2015
MA	82	Family Planning	0			12/15/2015	12/15/2015

Example #2

A beneficiary visits the hospital for a non-emergent admission. The provider checks eligibility in CHAMPS and sees the following information:

Cost-Share Met: N

Cap Amount Remaining (\$): 20

Copayment Information

Hospital-Inpatient: \$50

The provider may charge a copay for the visit, but may not charge the full amount permitted by policy. Specifically, the hospital provider may only charge \$20, as a greater amount would lead to charges in excess of the limit. The provider

Eligibility Response

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PHP	MANAGED CARE	2813562	Click To View Service Types	08/19/2015	08/19/2015	12/15/2015	12/15/2015
MA	FEE FOR SERVICE		Click To View Service Types	08/19/2015	08/19/2015	12/15/2015	12/15/2015
HK-DENTAL	MANAGED CARE	4181619	Click To View Service Types	08/19/2015	08/19/2015	12/15/2015	12/15/2015

LOC	Source Provider Id	NPI	CHAMPS Provider Id	Patient Pay	Created Date	Transaction Date	Start Date	End Date
07 - ENROLLED IN MEDICAID MANAGED CARE	4151596		4151596	0	08/13/2015	08/13/2015	12/15/2015	12/15/2015

Service Type Code \$50 Copay Inpatient Hospital

Benefit Plan Id	Service Type Code	Service Type Description	Co-Payment	Co-Insurance	Deductible	Start Date	End Date
MA	48	Hospital - Inpatient	50			12/15/2015	12/15/2015
MA	35	Dental Care	3			12/15/2015	12/15/2015
MA	UC	Urgent Care	3			12/15/2015	12/15/2015
MA	91	Brand Name Prescription Drug	3			12/15/2015	12/15/2015
MA	94	Podiatry - Office Visits	2			12/15/2015	12/15/2015
MA	AL	Optometry	2			12/15/2015	12/15/2015
MA	98	Professional (Physician) Visit - Office	2			12/15/2015	12/15/2015
MA	33	Chiropractic	1			12/15/2015	12/15/2015
MA	92	Generic Prescription Drug	1			12/15/2015	12/15/2015
MA	50	Hospital - Outpatient	1			12/15/2015	12/15/2015

Example #3

A beneficiary visits the dentist for an appointment. The provider checks eligibility in CHAMPS and sees the following information:

Cost-Share Met: Y

Cap Amount Remaining (\$): 0

Copayment Information

Dental Care: \$0

The provider may not charge a copay for this visit and is expected to inform the beneficiary that cost-sharing has been met for the current calendar quarter.

Eligibility Response

Member ID: _____ Name: _____

Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 12/14/2015 - 12/14/2015

GENDER: MALE

DATE OF BIRTH: _____

CASE NUMBER: _____

CASE PHONE: (248) 574-9292 EXT: _____

CASE EMAIL: _____

COUNTY OF RESIDENCE: 03-OAKLAND

MAGI CATEGORY: _____

MA PROGRAM CODE: M

CITIZENSHIP: U.S. Citizen

REDETERMINATION DATE: _____

COMMERCIAL / OTHER: Y

CSHCS RESTRICTIONS: N

MHP PCP: N

BMP PROVIDER RESTRICTION: N

PE INDICATOR: N

COST SHARE MET: Y

CAP AMOUNT REMAINING(\$): 0.00

WORKER LOAD NUMBER: 040179

MDHHS PHONE: (248) 975-5200

MDHHS COUNTY: 03-04-SAGINAW STREET DISTRICT

[Print Member Summary](#)

[Non Covered Service Types](#)

Copays under Service Type codes will be set to \$0 when Cost Share met flag set to Y.

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
HOSPICE	FEE FOR SERVICE	1515653	Click To View Service Types	06/20/2014	06/20/2014	12/14/2015	12/14/2015
NEMT	MANAGED CARE	2304993	Click To View Service Types	06/20/2014	06/20/2014	12/14/2015	12/14/2015
PIHP	MANAGED CARE	1705289	Click To View Service Types	06/20/2014	06/20/2014	12/14/2015	12/14/2015
MA	FEE FOR SERVICE		Click To View Service Types	06/20/2014	06/20/2014	12/14/2015	12/14/2015

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Service Type Code \$0 Copay Dental

Member Benefit Plan Service Types							
Deductible							
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Benefit Plan Id	Service Type Code	Service Type Description	Co-Payment	Co-Insurance	Deductible	Start Date	End Date
▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
MA	20	Second Surgical Opinion	0			12/15/2015	12/15/2015
MA	33	Chiropractic	0			12/15/2015	12/15/2015
MA	35	Dental Care	0			12/15/2015	12/15/2015
MA	40	Oral Surgery	0			12/15/2015	12/15/2015
MA	42	Home Health Care	0			12/15/2015	12/15/2015
MA	47	Hospitalization	0			12/15/2015	12/15/2015
MA	48	Hospital - Inpatient	0			12/15/2015	12/15/2015
MA	50	Hospital - Outpatient	0			12/15/2015	12/15/2015
MA	51	Hospital - Emergency Accident	0			12/15/2015	12/15/2015
MA	52	Hospital - Emergency Medical	0			12/15/2015	12/15/2015

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